NATIONAL INSURANCE ACT, 1911—MEDICAL BENEFIT, IRELAND.

REPORT

OF THE

Committee appointed to consider the Extension of Medical Benefit under the National Insurance Act to Ireland.

Presented to both Houses of Parliament by Command of His Majesty.

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CONSTITUTION OF THE COMMITTEE.

By Minute of the 4th February, 1913, the following members were appointed :—

The Right Honourable Lord Ashby St. Ledgers (Chairman).

Sir John Bradbury, K.C.B., Treasury.

T. J. Stafford, Esq., C.B., F.R.C.S.I., Medical Member of the Local Government Board for Ireland.

Hugh T. Barrie, Esq., M.P.

Joseph Devlin, Esq., M.P.

J. A. Glynn, Esq., Chairman of the National Health Insurance Commission (Ireland).

J. C. R. Lardner, Esq., M.P.

W. J. Maguire, Esq., M.D., Medical Member of the National Health Insurance Commission (Ireland).

W. L. Micks, Esq., Congested Districts Board for Ireland.

John Houlihan, Secretary.

TERMS OF REFERENCE.

To consider and report as to the advisability of applying to Ireland the provisions of the National Insurance Act, 1911, with respect to Medical Benefit, and as to the alterations, legislative or otherwise, which in the event of such provisions being applied would be desirable in the systems for affording medical relief at the present existing.

NATIONAL INSURANCE ACT, 1911—MEDICAL BENEFIT, IRELAND.

REPORT

OF THE

COMMITTEE APPOINTED TO CONSIDER THE EXTENSION OF MEDICAL BENEFIT UNDER THE NATIONAL INSURANCE ACT TO IRELAND.

MAY IT PLEASE YOUR LORDSHIPS.

1. In accordance with your Lordships' Minute of 4th February, 1913, appointing us a Committee "to consider and report as to the advisability of applying to Ireland the provisions of the National Insurance Act, 1911, with respect to Medical Benefit, and as to the alterations, legislative or otherwise, which in the event of such provisions being applied, would be desirable in the system for affording medical relief at the present existing," we have the honour to submit a Report embodying the result of the investigations we have been able to make up to the present time, and reviewing the position as it appears to us so far as the problem relates to the larger urban areas in Ireland.

2. The question of the general extension of medical benefit seemed to us to divide itself naturally into two parts—(1) as it affected the urban parts of the country; (2) as it affected the rural portions generally, for the following reasons:—In the first place so far as the popular demand for such extension had assumed concrete expression, it was much more definite in the urban than in the rural areas, and, in the second place, the extension of the Poor Law dispensary system under the Medical Charities Acts complicated the problem much more seriously in the latter than in the former portions of the country. Your Committee accordingly deemed it advisable to proceed forthwith to take evidence in the six county boroughs of Ireland from the three interests affected—(1) the insured persons; (2) the employers; (3) the medical profession. In Belfast sittings were held to hear witnesses from Belfast and Londonderry. Dublin witnesses and a few witnesses from some other County Boroughs were examined in Dublin. A sitting was held in Cork to investigate the conditions prevailing in Cork and in Limerick and Waterford. The detailed examination of the witnesses is fully set out in Appendix No. 1 to this Report. We desire here to point out that the Chambers of Commerce were the principal media utilised to ascertain the views of the employers. The Belfast Chamber of Commerce and other employers' associations in that city who had been invited to send representatives did not see their way to accept the Committee's invitation to give oral evidence. They, however, expressed certain views in the course of the correspondence, a copy of which is printed as an introduction to the oral evidence taken during the Belfast sitting.

3. The list of witnesses examined included thirteen representatives of Approved Societies, nine representatives of Trade Councils, seven representatives of employers, and ten representatives of the Medical profession. Your Committee also had the advantage of hearing evidence from Her Excellency the Countess of Aberdeen on behalf of the Women's National Health Association, Sir William Thompson, the Registrar-General for Ireland, and Mr. D. D. Sheehan, M.P. In view of the reiterated statements of many of the witnesses (notably the representatives of the insured population) regarding the "taint of pauperism" attached to the seeking of free medical attendance from the dispensary doctors under the Medical Charities Acts, and the social degradation generally resulting from contact with the Poor Law system, we considered it advisable to hear the views of Boards of Guardians on this aspect of the problem, and they examined for the purpose representatives from the North and South Dublin Unions, the Limerick and Cork Unions. The Belfast, Londonderry, and Waterford Boards of Guardians did not send representatives to give oral evidence, but resolutions passed by the Belfast and Londonderry Boards are printed as Appendix No. II.

4. In order to ascertain what difficulties, if any, there might be from the strictly administrative standpoint if a scheme of partial extension to the urban areas were adopted evidence was heard from the Chief Actuary to the National Health Insurance Joint Committee, the Accountant and the Actuary of the Irish Commission. The Pharmaceutical Society of Ireland and the Chemists and Druggists' Association, Ireland, also asked to be given an opportunity, which was granted to them, to make certain representations regarding the method of the supply of drugs in the event of any scheme of medical benefit being brought into force. Their representations will be found in pages 163–167 of the evidence.

5. In addition to the sittings for the hearing of evidence the Committee held five other meetings.

Existing Conditions in Ireland compared with those in Great Britain before the Introduction of the Act.

6. In considering the question of the Application of Medical Benefit under the National Insurance Act to Ireland, the first point which it was necessary for us to bear in mind is the wide difference between the systems under which medical attendance and treatment for the working classes were provided in Great Britain and Ireland respectively before the Act came into operation.

7. In Great Britain the Poor Law touched the population only upon its lowest fringe. The vast majority of those who are now insured persons were either private patients of the medical profession or received their medical attendance under the contract system through friendly societies, medical institutes, or works clubs. The Friendly Societies as a rule gave medical attendance to the member only, who made his own arrangements, often with the friendly society doctor, for the treatment of his wife and family when occasion arose, though in some cases attendance for the family as a whole could be secured for an additional contribution. In the case of the works clubs, the dependants were sometimes included, more particularly in colliery districts, while the medical institutes, like some of the friendly societies, with which they frequently worked in co-operation, often included the dependants for a higher contribution. Outside this contract practice the working classes generally (including the dependants of friendly society members whose contract provided for attendance upon the members only) were treated by the medical profession at tariff rates suited to their means. These rates differed widely in different localities, 1*s.* 6*d.* to 2*s.* 6*d.* per visit at the patient's home, with or without additional charges for medicine, and 1*s.* for consultations at the surgery being fairly common figures.

8. In Ireland, on the other hand, the position is, owing to the existence of the system of poor law dispensaries which has developed under the Medical Charities Act, wholly different. Under that Act, all "poor persons" are entitled to the services of the dispensary doctor, and a very large proportion of the working classes has been, in practice, held to come within that description.

9. In Great Britain very little distinction was to be found in general characteristics between the systems in vogue in town and country. In Irish rural districts there are very large areas in which the dispensary doctor is the only doctor, and in which, so far at any rate as the working classes are concerned, there is no medical practice except dispensary practice, which is paid for out of the rates subvented by an Exchequer Grant. In the larger towns the same conditions to a large extent prevail in regard to the less well paid workmen, but on the other hand the "pauper taint" of treatment under the Medical Charities Act, which, though according to our evidence also felt to some extent in the rural districts, has there produced little practical effect, induced the trade unions and friendly societies to introduce the contract system for securing medical attendance for their members and dependants. These arrangements differ from the similar arrangements in Great Britain in that the inclusion of dependants, which in Great Britain is the exception, is in Ireland the rule.

10. The reason for this difference is, of course, to be found in the different nature of the alternative to which reference has already been made. In Great Britain the alternative is recourse to the doctor as a private patient; in Ireland resort to the facilities offered

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by the Medical Charities Act. The Englishman and Scotsman desired to insure themselves against having to find money for the doctor when their earnings were interrupted by illness, but were prepared to face the doctor's bill for their wives and children when they themselves were in full work: the Irishman desired to save his household from the taint of pauperism.

11. Almost all the working class witnesses who came before us laid the greatest stress upon this aspect of the question, viz., the sense of indignity in having recourse to a poor law service, and we are satisfied that the sense of independence is strongly developed in all artisans who can afford, and in many who can ill afford, to entertain it. It would, however, be a mistake to regard this attitude as purely sentimental. However efficient the dispensary service may be, its efficiency is in no way dependent upon the support or criticism of the persons who avail themselves of it. It is not surprising, therefore, that they should regard such a service, even though in itself it may be an excellent service, with less confidence than arrangements made by themselves and paid for out of funds under their own control. This aspect of the question must not be lost sight of in considering alternatives under the National Insurance Act.

12. The extent to which, if at all, private medical practice has existed amongst the working class population of Irish towns is a question on which we have been unable to obtain any very precise evidence except in the case of Belfast. Several of the medical witnesses, it is true, spoke of it in general terms, but none of them were able to indicate any precise tariff of charges for such practice as being either customarily enforced or as being applied by themselves. From Belfast, where industrial conditions approach more nearly than in the West of Ireland to those prevailing in Great Britain, we had evidence that a fee of 2*s*. 6*d*. per visit at the patient's home and the same amount for consultation at the doctor's surgery were charged in the case of working-class patients. But in the case of the other County Boroughs the only specific statement made (from Cork) was that there was no recognised fee for attendance at the patient's home below one guinea; this would be charged even if only a single visit was required, while the charges for subsequent visits would depend upon the patient's ability to pay.

13. The impression left in our minds was that any private working-class practice which exists is conducted upon what from the doctor's point of view is a charitable, or at any rate a quasi-charitable basis, and that, although without doubt medical practitioners in Ireland treat their private working-class patients with great consideration and indulgence, the very fact that the only recognised scales of charges are wholly beyond the means of such patients creates the impression in the patients' minds that in calling in a doctor at their own expense they are incurring an indefinite liability, and consequently makes them very reluctant to avail themselves of his services.

Analysis of the Evidence taken, and Conclusions drawn by the Committee therefrom.

14. Your Committee next proceeded to consider—

(1) The extent to which a popular demand exists for the extension of medical benefits to Ireland; and

(2) How far it may be practicable that such demands should be met.

The two questions cannot be treated entirely separately, more especially in connection with the rural areas. In a large part of rural Ireland any effective choice of doctors would be quite out of the question, and whatever feeling may exist against the pauper taint, it is not to be anticipated that that objection would be strong enough to cause the agricultural labourer and his employer to view with enthusiasm a proposal that they should pay between them 1½*d*. more per week for each insured person, while retaining what would be in all essentials the existing service which the labourer, at any rate at present, gets for

nothing. In the employer's case no donbt some hope of ultimate relief to the rates might be held ont as a set-off to the demand for an additional contrihntion, bnt such relief would he regarded as remote and problematical, while the new liahility wonld he immediate and snbstantial. We have not, however, as yet heard sufficient evidence from the rural areas to justify onr pntting forward this as a final opinion. Snch information as has reached us of the attitude of mind of rural Ireland to the proposed extension appears rather to indicate that the question has been little ventilated. Indeed, apart from a drastic reconstrnction of the poor law system, it is difficult to see how any scheme of medical henefits for the rural areas could he devised which wonld be free from the objections indicated.

15. The same considerations apply to a very large extent to the towns other than the six county boronghs. In the six county horoughs, and more particularly in Duhlin and Belfast, we find a very strong, indeed almost unanimous, hody of opinion amongst the friendly societies, trade unions, and the working-classes generally in favour of the extension of medical henefits to both insured persons and their dependants.

16. Prior to the introdnction of the Act friendly societies had very generally provided medical attendance and treatment for members and their families at rates varying from 2*s*. 6*d*. to 7*s*. 6*d*. a year per family. In most cases the rate was about 4*s*., thongh there are several instances of lower figures, while in Cork, where a severe struggle with the medical profession some years ago had left the victory with the doctors, 7*s*. 6*d*. was charged. These rates in almost all cases included the provision of medicines. We have reason for thinking that even before the controversy in Great Britain in relation to medical remuneration under the National Insurance Act arose these rates were generally regarded hy the medical profession in Ireland as inadequate, and that a revision of the 4*s*. and lower rates in an upward direction conld not long have heen delayed, hut it is certain that the controversy in Great Britain hrought the matter to a head.

17. When the Act came into force the Irish doctors generally gave notice to terminate their contracts, and the Societies, except in cases in which the doctors are continuing under provisional agreements at enhanced rates pending a general settlement, are reduced either to paying medical bills on behalf of their members or leaving them to have recourse to dispensary treatment. The Societies are thus left in a position of great emharrassment. The contract arrangements, where they still exist, continue only npon a precarious basis : where the expedient of paying hills is resorted to, the financial outlook is necessarily uncertain, and where no new arrangements have been made the members naturally complain of the withdrawal of facilities which they have long enjoyed.

18. The position of the doctors is almost as difficnlt. On the one hand, their prestige is involved in securing terms which in appearance at any rate shall not be substantially less favourable than those secured by their professional brethren on the other side of the Irish Sea. On the other hand, the grant of such terms would not only, regard being had to the different conditions prevailing in Ireland, secure to them a rate of remuneration in excess alike of that to which they have been accustomed, and that which the same terms give to the English profession—for there is no douht the habit of having recourse to medical advice for all except the most serious illness is and will long remain much more fnlly developed in the English than in the Irish workman—bnt also would be quite beyond the financial resources of the Societies on their present hasis. Apart, therefore, from the extension of medical benefits to urhan areas in Ireland there appears to be some risk that the whole of the working classes in snch areas will he forced back upon the dispensary system, unless the medical profession consent to make very considerahle abatements from their present demands.

19. This resnlt would entail heavy loss amounting in a large number of areas to something like complete financial ruin to doctors, who are at present largely dependent on their earnings from such practice, and if events are left to take their course there is at least a danger from the point of view of the profession that its solidarity for the uniform standard of remuneration for the whole United Kingdom would break down. In these circumstances we learned without surprise that hoth medical and working class opinion in the larger urhan centres was almost unanimonsly in favour of the extension of medical benefit under the Aot.

20. The question thus becomes one of terms and of the scope of the service. The doctors were willing to accept the system in operation in Great Britain as it stands. They were also prepared that dependants should be included upon terms. The Friendly Societies and Trade Unions were unanimous in desiring the inclusion of dependants, and except in Belfast—where the conditions appear to approximate more nearly to the conditions in Great Britain—were unwilling to accept any scheme from which dependants were excluded. In Belfast the balance of working class opinion appeared to be in favour of securing medical benefit for the insured person only, rather than of leaving matters as they stand, but having regard to the difference of Irish conditions to which we have referred, and to the strong opposition of the other urban centres to the partial extension which omitted dependants, we are unable to regard this as a possible general solution of the difficulty.

21. It therefore remained for us to investigate whether within the limits of the finance of the Act, or of such further finance as could be provided, a scheme to include dependants would be practicable, and if so, whether in view of the difficulties arising in connection with changes of residence, and still more in connection with employment within and residence without, or employment without and residence within, a medical benefit area a scheme under which medical benefits were confined to the larger urban areas would be administratively possible. On the latter question we had valuable evidence from the Chief Actuary to the National Health Insurance Joint Committee and from several officers of the Irish Insurance Commission. The general conclusion at which we arrived is that, while the administrative difficulties are undoubtedly serious and that cases of hardship cannot be wholly eliminated, arrangements could be devised which would work satisfactorily enough to enable us, assuming that terms can be arranged, to recommend the limited extension as a tentative and provisional measure pending the adoption of a comprehensive scheme for Ireland as a whole. The answer to the former question depends upon finding a basis of compromise or adjustment between the demands of the medical profession and the possibilities of the finance available.

22. We proceeded, of course, on the assumption, readily accepted by all the representatives of approved societies from urban districts who came before us, that the contributions under the Act would be raised to the same level as in Great Britain. We also assumed that as in Great Britain a Special Parliamentary Grant of 2*s.* 6*d.* per insured person entitled to medical benefit would be made available. This would make the total sum available for medical benefit (exclusive of any amounts set aside out of sanatorium benefit funds for the domiciliary treatment of tuberculosis) 8*s.* 6*d.* per insured person per annum the same as in Great Britain. Arrangements for the domiciliary treatment of tuberculosis by the same doctors as those undertaking to provide the ordinary medical benefit might be made, as in Great Britain, at the cost of the funds available for sanatorium benefit. A further 6*d.* provided from this source would make the whole sum available, as in Great Britain, 9*s.* per insured person. Of this 9*s.*, 1*s.* 6*d.* is in Great Britain definitely set aside for drugs, and a further 6*d.* has, if necessary, to be applied to the same purpose, leaving available for medical remuneration 7*s.* 6*d.* or 7*s.* as the case may be. The medical witnesses in the public evidence mostly indicated 21*s.* per insured person as the lowest reasonable capitation rate if the treatment of dependants were included. The friendly societies and trade unions, on the other hand, were of opinion, having regard to the rates ruling before the Act came into operation, that the 9*s.* available according to the above calculations, representing as it does an advance of more than 100 per cent. on the average of those rates*, was sufficient.

23. Your Committee accordingly made an attempt by arranging a private conference between representatives of the medical profession and the societies to ascertain to what extent, if at all, this wide divergence of view might be accommodated. As the attempt proved abortive, it is undesirable that the precise terms of the offers made on either side should be disclosed, but we may say generally that the medical profession showed themselves willing to make a substantial abatement from their original demand, more particularly when it was pointed out to them that, as the number of dependants probably

*This is an under-estimate, since members of friendly Societies and (to a smaller extent) Trade Unions before the passing of the Act would on an average have a larger number of dependants than insured persons under the Act, inasmuch as the motive for insurance, when voluntary, is naturally much stronger in the case of a married than of a single man, and in many cases members of families who would have come in as dependants unpaid for under the old voluntary system will themselves be insured persons under the compulsory State scheme, and therefore be paid for under a capitation system.

does not exceed one and a half times the number of insured persons, the 21*s.* rate (exclusive of medicine) would give a considerably higher rate per person entitled to attendance than the rate in operation in Great Britain. The societies also showed themselves most anxious to devise expedients for providing additional funds for medical remuneration. It was found, however, that what the profession would, at present at any rate, regard as the irreducible minimum was far in excess of what could be provided by the societies, even by dangerously trenching on the funds available for other benefits and by adopting the expedient of requiring the insured person to pay for his own medicines—one which for obvious reasons we should not in any case be prepared to recommend. In these circumstances we are satisfied that, while any scheme which excluded dependants would be wholly unsuited to the special needs of the country, the introduction of medical benefits into Ireland, even in the larger urban areas, upon the English system is, if dependants are to be included, impracticable at the present time.

24. The adoption of any such scheme, by which a statutory title to medical attendance and treatment would be conferred upon insured persons and their dependants without first securing a guarantee that such attendance and treatment could be obtained for the price available, would indeed be to court disaster. If terms could be arranged beforehand with the medical profession we should favour the adoption in the six county boroughs of a panel system on the British model worked through Insurance Committees. Of the comparative advantages of administration through Insurance Committees and through Approved Societies much might be said—and not wholly on one side—but if a uniform standard of remuneration can be agreed upon, we are content to regard the decision of Parliament as regards Great Britain in favour of the Committees as settling the question of principle. The subsequent history of the question in Great Britain, however, shows that in the absence of any such preliminary agreement, the arrangement does not admit of the elasticity necessary to secure the fixing of a fair market price for medical attendance. When one party comes to the negotiations bound by statute to provide a universal service, and the other holds something like a monopoly of the service, the latter can, subject only to maintaining a certain, and not necessarily a very high degree, of solidarity, make its own terms. If, however, the administration is entrusted to Societies they can attack the problem in detail. An individual society can, if it fails to make terms with the profession as a whole, appoint its own medical officer, or, alternatively with the consent of its members, devote the money to other purposes. To this last power in the special circumstances of Ireland we attach great importance, since if medical remuneration has to be settled—and at present we see no alternative—by the operation of ordinary economic forces, it is essential that the representatives of insured persons should not be required to enter the struggle handicapped by the obligation to provide the service whatever the terms demanded.

Recommendations.

25. We recommend, therefore, that, unless terms can be arranged with the medical profession before a Bill is introduced, the measure should simply provide for raising the rates of contribution in the six county borough areas to the English level, and that the proceeds of the additional rate, together with the special Exchequer grant of 2*s.* 6*d.* per insured person, should be paid over to the Societies, who should be empowered to enter into arrangements for providing medical benefit either for members and dependants or for members only, if they see fit; or, failing such arrangements, to give other benefits to the value of the additional contributions.

26. The defining of the precise areas to which medical benefit is to be applied will require careful consideration. It is not, in our opinion, desirable to adopt the local government boundary, but to mark out in each case a special area which will include the whole industrial population for which the borough is the centre. Purely agricultural areas should as far as possible be excluded, but we doubt whether it would be practicable to exclude persons engaged in agriculture within the defined areas. Outlying industrial districts might, however, be annexed to the county borough areas even though not actually contiguous. As these areas will not correspond with those of the Insurance Committees, this is a further reason for administering the benefits through Societies rather than through Insurance Committees.

27. We also recommend that the provisions requiring the separation of arrangements for supply of drugs from those for medical attendance and treatment should not he applied, and that Societies should he left free, if they see fit, to enter into inclusive contracts with medical practitioners in accordance with the common practice hefore the National Insurance Act came into operation. We are of opinion that this arrangement will meet the demand for the extension of medical henefits in the districts in which it is most persistent. It is not, however, suited to the requirements of the rural districts or even to those of the smaller urban centres, nor do we think it will be found suitahle as a permanent system even in the six county horoughs and surrounding areas, and we do not recommend it except as a provisional and interim arrangement pending the adoption of a general scheme of medical henefit for Ireland as a whole.

28. Such a general scheme will, we think, necessarily involve the creation of a State Medical Service. The establisbment of suoh a service hy the State, however, side hy side with the existing dispensary service would, even in the larger urban centres, necessarily result in overlapping and consequent waste of money, while in the rural districts it would be wholly impracticable. We think, therefore, that no steps can be taken in the direction of establishing a State Medical Service, except in conjunction with a comprehensive reform of the Poor Law, for which indeed, for other and wholly different reasons, the time is already overripe.

29. We are of opinion that the funds now available for the purposes of the Medical Charities Act together with the further moneys which would be forthcoming if the contributions and exchequer grants under the National Insurance Act were raised to the English level would he sufficient not only to provide for poor law medical services proper, and give to the insured population and their dependants domiciliary medical treatment at least equal in quality to that provided for insured persons in Great Britain, but also to leave a halance available for other medical services (including nursing) not at present included in medical henefit under the Insurance Act. This we regard as the real solution of the present problem.

30. We have not considered in detail the arrangements necessary to give effect to this recommendation; nor, as already explained, have we taken evidence from the rural and smaller urban areas to justify us in putting forward specific proposals. It will be for His Majesty's Government to consider in the first instance what action, if any, shall be taken upon our interim proposals in regard to that part of the problem which is unquestionably the most urgent, and whether we should he invited to continue our inquiries with a view to the formulation of a general scheme.

31. We desire to place on record our appreciation of the services rendered to the Committee by our Secretary, Mr. Houlihan.

Signed,

ASHBY ST. LEDGERS, *Chairman.*
JOHN BRADBURY.*
JOSEPH DEVLIN.
JOSEPH A. GLYNN.
JAMES C. R. LARDNER.
WILLIAM J. MAGUIRE.

JOHN HOULIHAN,
Secretary.

18*th July*, 1913.

* See page 12.

*NOTE BY SIR JOHN BRADBURY, K.C.B.

I have signed the report because I am impressed by the urgency of the problem, and I do not see any more satisfactory line of immediate action than that recommended. I regard the administrative difficulties attendant on the carrying out of the recommendations, however, as very serious, and I fear that the establishment of the proposed arrangements may create vested interests which will tend to prejudice the adoption of a more satisfactory scheme at a later date. Except for the considerations of urgency to which I have referred I should have preferred to take no action at present, but to proceed at once with the formulation of a scheme for a general public Medical Service.

Signed.

JOHN BRADBURY.

NOTE BY MR. WILLIAM L. MICKS.

(1) At the meeting of the Committee on the 18th of July, 1913, when a draft report was submitted for signature, I made the following proposal :—

> "That the Committee do not now prepare any preliminary report as to the extension of Medical Benefits to County Boroughs or industrial centres in Ireland, but do instead proceed at their earliest convenience to complete the taking of evidence with the object of making a complete and final report before the end of this year."

(2) This suggestion, which was not accepted, was made by me in furtherance of the opinion in favour of a unified medical service expressed in paragraphs Nos. 28 and 29 of the Majority Report.

(3) In my opinion, however, the recommendations in paragraphs Nos. 25, 26 and 27, or any other attempt that might be made, to extend medical benefits partially to limited areas or to particular classes in Ireland might, and probably would, I fear, be prejudicial to the creation of such an Irish Medical Service as would discharge all public duties that have been, or may be, assigned to medical men in Ireland by statute or by any duly authorised public body.

(4) The question as to applying or not applying to Ireland the Medical Benefits sections of the National Insurance Act of 1911, seems to afford to those who have been advocating the establishment of such a general Medical Service an ideal opportunity for preparing a scheme that, owing to the large funds available under the Insurance Act, will not be attended by any risk of increasing local rates.

(5) I desire to outline briefly what might be some of the principal features of such an Irish Medical Service as is referred to. The original appointment of doctors to the service might be by limited competition, the number of nominations to compete at the annual examinations being in the gift of Boards of Guardians who would nominate in proportion to the number of medical officers employed by each Board of Guardians. Control of the service might be in the hands of such a new representative body, including some doctors, as would command public approval. This body would allocate districts, make promotions, award pensions, and exercise general supervision. Doctors at present holding public appointments would, it is presumed, be absorbed into the proposed Service, and would receive its benefits. Doctors in such a service would have promotion and pensions to encourage them ; and it can hardly be doubted that the sick in many localities would receive better medical attendance than they get at present.

(6) It would, I think, be better that the Committee should endeavour to prepare a complete scheme for all Ireland than that they should merely indicate how particular localities or occupations might be dealt with temporarily, pending the adoption of a final general scheme.

(Signed) WILLIAM L. MICKS.

21*st July*, 1913.

NOTE BY MR. T. J. STAFFORD, C.B.

With the main recommendation of the majority of the Committee I am in complete agreement. I believe that the most satisfactory solution of the problem before us is the creation of a National Medical Service for the whole country, which will provide every description of medical treatment for the working classes and their dependants, whether insured persons or otherwise.

This would involve a reorganisation of the services under which Dispensaries and County and Poor Law Infirmaries are established, much upon the lines laid down by the Royal and Vice-Regal Poor Law Inquiry Commissions.

The Insurance Act with its provision for Medical Benefits constitutes a unique opportunity for dealing with the whole question on broad lines, inasmuch as it provides the means of supplementing the existing revenue available for the Irish Medical Services by a large additional subsidy from the Insurance Fund.

I am, therefore, in agreement with the principle of the chief recommendation of the Report, viz.: that a State or National Medical Service for the whole country should be created.

Where, however, the Report goes on to deal with temporary expedients for providing Medical Benefits in the six county boroughs, and makes it a condition that the benefit shall apply not only to the insured person but also to the dependants, and furthermore suggests that the Act shall be obligatory on the insured in these areas, I no longer find myself in agreement with its recommendations.

My main reasons for disagreeing are briefly as follows:—

(1) I consider that a temporary measure of a partial nature, such as is suggested, is unnecessary and undesirable on the following grounds:—

(*a*) The existing arrangements can very well continue for some time longer, as we have in operation in Ireland a system of medical attendance upon the sick, which includes everyone who cannot afford to pay for a doctor, which carries with it little or no stigma of pauperism, and which is the most elastic and complete system of its kind in any country in Europe.

(*b*) Because I believe that a partial settlement of the nature suggested would, if successful, prejudice or prevent a general settlement, and if it were not successful, as I anticipate it would not be, for reasons which I shall advance later on, its failure would do much harm to the system of medical benefits under the Insurance Act which we all desire to see extended to Ireland.

(*c*) The fact that the Report recognises that the County Borough areas, as defined by Parliament are not suitable, and that it proposes to alter these areas and constitute new ones, marks one of the many difficulties attending on the proposal to restrict medical benefits to the County Boroughs. The working of two systems in the same area would be costly and wasteful, as there would be considerable overlapping, while the difficulties of administration would be very great and possibly insurmountable. I also consider that there are towns, particularly in the north of Ireland, which are not County Boroughs, but have large industrial populations, which are more fitted for the application of medical benefits, if they could be applied to such areas, than some of the County Boroughs.

2. I object to the proposed inclusion of the dependants, not that I am hostile to the principle of including a man's wife and family in a system of Medical Benefit, but because I am satisfied that the Societies, if the dependants are removed from the category of Poor Law patients, are not in a position to give them an equivalent for that which they now receive. In Ireland the Poor Law provides not only for attendance at the Dispensaries, but also for most of the Hospital accommodation for the labouring classes.* This is one of the facts which must be realized and dealt with in a Poor Law Reform measure before it is possible to take the dependants of the insured out of the Poor Law system and hand them over to the Societies.

*In Dublin the total number of beds available is about 4,260. Of these, 2,652 are provided by the Poor Law Guardians. In Belfast, there are 2,379 beds, and of these 1,671 are provided by the Guardians. (These figures do not include beds in Infectious Diseases Hospitals or Sanatoria).

At present the dependants when they are attended by existing Society Doctors and are beyond the stage at which a bottle of medicine will effect a cure, fall back for treatment upon the Voluntary Hospitals and Poor Law Infirmaries. The Voluntary Hospitals, which are intended for the service of the whole country, can only receive a small proportion of those persons residing in County Boroughs who require hospital treatment, and the balance must resort to the Poor Law Infirmaries. The Poor Law provides in addition to the well-equipped Dispensaries, domiciliary treatment, and Infirmaries with special hospital wards for diseases of women and children, and the Guardians also have the power which is freely exercised, of paying for the treatment of medical and surgical cases in special hospitals. Medical and surgical consultations and nursing as well as expensive surgical appliances, artificial teeth, glasses and hundreds of other things necessary for the treatment of the sick are supplied. The deaf and dumb, the blind, the idiots and insane are also specially provided for in institutions or otherwise. If so many of these classes as are dependants of the insured are to be taken out of the Poor Law system they must be provided for equally well elsewhere, and I cannot see how the Societies can, with their existing funds and administrative arrangements, deal with the large number of insured persons, plus their dependants, whom it is proposed to transfer from the Poor Law. A doctor's prescription or a bottle of medicine would be a poor substitute for the institutional treatment and nursing, &c., which these people at present receive. The main reason advanced in the Majority Report for including the dependants is that the insured desire to secure that their dependants should not incur the " taint of pauperism." If the Report is acted upon, the effect will be that the dependants will be removed from the Dispensary system, which is not generally regarded as pauperising, and will be left without any provision for hospital treatment, or will have to be treated when very ill in the Workhouse Infirmaries, where the treatment does carry with it, if any medical treatment under the Poor Law does, a " taint of pauperism." The Report of the Majority appears to me, by including the dependants, to be endeavouring to do something in Ireland which could not be accomplished in England or Scotland, and with less necessity or means for carrying out their proposals. I doubt if these matters have ever been clearly placed before, much less understood by, the insured persons who express themselves as anxious to see Medical Benefits extended to Ireland. For these reasons, I cannot, pending adequate arrangements being made, approve of the suggestion to compulsorily hand over the insured and their dependants in certain areas to the care of the Societies.

3. The Majority Report seems to imply that the failure of the negotiations between the Doctors and the Societies, held in our presence, was due to the representatives of the Medical Profession insisting upon terms which were unreasonable, I cannot concur in this interpretation of what occurred. The failure to come to terms was, in my opinion, due to the fact that the Societies demanded as a *sine qua non* the inclusion of the dependants, and they had not at their disposal sufficient money to pay the Doctors reasonable remuneration for the extra work imposed upon them. If the Societies had been content to proceed on the same lines as in England, Wales, and Scotland, and had confined their their proposal to insured persons only, there would have been no difficulty in arranging terms with the Medical Profession in Ireland.

4. The proposal to hand over the contributions to the Insurance Committees or the Friendly Societies, and allow them to make their own bargains with the Doctors or provide other benefits where medical benefits cannot be arranged, is not one to which I could subscribe. The recommendation to place a weapon in the hands of the Insurance Committees or Societies by which they might impose terms on certain doctors, which the body of the Medical Profession after prolonged consideration has decided to be inadequate, is not, in my opinion, a suitable means of obtaining a satisfactory medical service for the insured. Nor do I think it is desirable that the Insurance Committees or Societies should, in the alternative, as is suggested, be entrusted with public funds to provide " such other benefits as they consider desirable."

For the foregoing reasons, I regret that I am unable to agree with the majority of my colleagues in their recommendations for a temporary service, pending the establishment of what we all desire to see established in Ireland, viz., a National Medical Service for the whole country.

(Signed), T. J. STAFFORD.

23rd July, 1913.

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NOTE BY Mr. HUGH T. BARRIE, M.P.

I find myself unable to concur in the Majority report, as I hold the opinion that, in view of our failure to adjust terms with the medical profession, which the Societies from their present resources could afford to pay, it is undesirable that the medical benefits of the Insurance Act should meantime be extended to Ireland, or to any part thereof. Had we been able to adjust such terms, I should have favoured giving the insured persons in any of the county boroughs the option of having medical benefits if, on a plebiscite, the majority of insured persons in any one of these should have voted in favour of securing them; the plebiscite to be taken by the Insurance Commissioners, and the voting paper clearly reading:—

1. Are you in favour of extending the Medical Benefits under the National Health Insurance Act on the same terms as presently apply in England and Scotland —namely, for your own benefit only; this involving an additional payment by you of 1*d.* per week, and ½*d.* per week by your employer?
2. Are you in favour of the extension of Medical Benefits, only if your dependants can be included without any additional payment by you?
3. Are you in favour of paying an additional sum of, say, ½*d.* per week in order to secure Medical Benefits for your dependants?

I suggested this course because, in my judgment, the evidence of a real and general demand for the extension of medical benefits was anything but conclusive; even in Belfast it was often qualified by the stipulation that it was desired only if dependants were to be included without extra cost to the insured person. A feature of most of the evidence was its official character as distinguished from the direct evidence of the workers concerned. Consciously, or unconsciously, the official view is coloured by the knowledge that an extension of medical benefits would give great administrative relief to the Societies as regards certification, &c. With few exceptions, no attempt had been made to get a clear vote of the members on the matter.

I suggest delay in making any recommendations for two reasons: First, because even an interim arrangement, such as is favoured by the Majority report, will in my judgment indefinitely postpone and greatly imperil the prospect of a complete reform of the whole system of medical service in Ireland. I think the Committee have been at one in feeling that the time is over-ripe for this being effected. Financially, the result of the recommendation would be to make a later extension to Rural Districts impossible. The overlapping which it would set up, even in county boroughs, would be enormously wasteful.

Second, I am altogether opposed to the suggestion that Societies should have further funds placed in their hands ostensibly to provide medical attendance, and which they are to be at liberty to devote to other purposes if the medical profession fail to accept the terms laid down by the Society. Much as I regret that we were unable to induce the medical profession to share our view as to what would have been reasonable remuneration for attending to the insured persons and their dependants, I am not without hope that a little further consideration may make agreement possible.

It is undoubtedly a fact that they are seriously alarmed as to the injury which must ensue to their private practice if dependants are included in the medical benefits. In holding that view they are quite within their rights. At the same time, I share the opinion of the Committee that it is unreasonable that they should insist upon the scale of remuneration for Ireland being as high as that presently ruling in England and Scotland. It may fairly be claimed that in the early future the Irish scale may approximate to the English one; but in the meantime the general rate of remuneration is considerably lower, and it was because we felt satisfied on that point that we throughout suggested that an inclusive rate, covering the dependants, might have been conceded which would have been within the financial capacity of the Societies. Nothing by way of legislation can now be done in the present Parliamentary session. Another six months' working of the Act, and the valuable data which it will furnish, should enable both parties more correctly to realise their respective positions, and give them a further opportunity of coming to an equitable and amicable arrangement. By that time also other alterations in the Act, as applied to Ireland, will be ripe for dealing with, and, on the whole, while differing from the other members of the Committee, with some regret, I am convinced that it would be a serious mistake to ask for legislative action on the lines of the Majority report.

(Signed), HUGH T. BARRIE.

July 26th, 1913.

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